

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Center for Medicaid, CHIP, and Survey & Certification
Division of Community Systems Transformation

Real Choice Systems Change Grant
Building Sustainable Partnerships for Housing

Initial Announcement: **REVISED August 3, 2011**

Funding Opportunity Number:
CMS-110-12-001

CFDA 93.779

Posted Date: July 15, 2011

Applicable Dates

Notice of Intent to Apply: August 1, 2011

Grants.gov Application Due Date: August 15, 2011

Period of Performance: September 30, 2011 – September 30, 2012

Revised August 3, 2011

Due to the overwhelming response of interest from eligible applicants, CMS now anticipates awarding six grants for \$330,000 per award.

Table of Contents

I. Funding Opportunity Description

Background	4
Purpose	5
Description of Specific Housing Strategies	7
Strategy #1: Capitalizing on New Opportunities in HUD’s Section 811 Supportive Housing for Persons with Disabilities	7
Strategy #2: Development of a State Housing Agency HOME-Funded Tenant- Based Rental Assistance Program for People with Disabilities	9
Strategy #3: Creation of a Waiting List Preference for People with Disabilities	11

II. Award Information

Amount of Funding	12
Type of Applications	13
Type of Grants	13

III. Eligibility Information

Eligible Applicants	13
Cost Sharing or Matching	13
Eligibility Threshold Criteria	14
Foreign and Internal Organizations	14
Faith-based Organizations	14

IV. Application and Submission Information

Address to Request Application Package	14
Content and Form of Application Submission	15
Submission Dates and Times	19
Intergovernmental Review	19
Funding Restrictions	19
Other Submission Requirements	20

V. Application Review Information

Review Criteria	23
Identification of Problems or System Issues	23
Project Description and Methodology	23
Significance and Sustainability	24
Partnerships	24
Budget Narrative	24

Review and Selection Process 24
Anticipated Announcement and Award Date 24

VI. Award Administration Information

Award Notices..... 25
Administrative and National Policy Requirements..... 25
Terms and Conditions 26
Reporting 26

VII. Agency Contacts..... 26

VIII. Other Information

Transparency Act Requirements 27

I. FUNDING OPPORTUNITY DESCRIPTION

Background

In 1990, Congress enacted the Americans with Disabilities Act (ADA) (Pub. L. 101-336) that recognized “society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem” (42 U.S.C. §12101(a) (2)). As a result of such forms of discrimination, in June of 1999, the United States Supreme Court issued its’ landmark decision in *Olmstead v. L.C.* recognizing that “unjustified institutional isolation of persons with disabilities is a form of discrimination” under the Americans with Disabilities Act. The ADA gave legal expression to the desires and rights of Americans to lead lives as valued members of their own communities despite the presence of disability.

In commemoration of the 10th Anniversary of the Supreme Court’s landmark decision, President Obama launched the “Year of Community Living” Initiative (CLI) on June 22, 2009. This Initiative develops and implements innovative strategies that increase opportunities for Americans with disabilities and older adults to enjoy meaningful community living.

The goals and objectives of the CLI are to ensure that:

- **Long-Term Services and Supports Are Person-Driven and Culturally Competent:** Offered services and supports afford older people, and people with disabilities, and/or chronic illness the opportunity to:
 - Decide where and with whom they live
 - Have control over the services they receive and who provides the services
 - Work and earn money
 - Choose friends and supports to help them participate in community life
 - Receive information and services that take into account their cultural and linguistic needs.
- **Long-Term Services and Supports Are Inclusive:** Offered services and supports encourage and support people’s preferences regarding where they want to live with access to a full array of quality services and supports in the community.
- **Long-Term Services and Supports Are Sustainable and Efficient:** Offered programs achieve economy and efficiency by coordinating and managing a package of services that are appropriate for the beneficiary and paid for by the appropriate party.
- **Long-Term Services and Supports Are Coordinated and Transparent:** Offered programs provide coordinated services from various funding streams to provide a

package of helpful supports. Uses current health information technology to make information available and easy-to-find for consumers, providers and payers.

Over the past few years, Federal, State and local governments have begun to take actions to renew and reaffirm a commitment to improving the systems that will support people of any age with a disability or long-term illness that wish to live in their communities. Congress recognized that States face formidable challenges in their efforts to fulfill their legal responsibilities under the ADA. In support of the States' efforts, Congress appropriated funds for fiscal years 2001 through 2004 for Real Choice Systems Change (RCSC) Grants as authorized by Section 1110 of the Social Security Act (the Act) and CMS awarded grants totaling approximately \$158 million to assist States with enduring improvements in Quality Assurance & Quality Improvement in Home and Community Based Services (HCBS); Integrating Long Term Supports with Affordable Housing; Portals from Early Periodic Screening, Diagnosis, and Treatment (EPSDT) to Adult Supports; Comprehensive Systems Reform Effort; Mental Health: Systems Transformation; Rebalancing Initiative; Living with Independence, Freedom, and Equality (LIFE) Account Feasibility and Demonstration; Family-to-Family Health Care Information and Education Centers; and National State-to-State Technical Assistance Program for Community Living .

To continue the support of systems change, Congress appropriated \$4 billion under the Money Follows the Person Demonstration Program, enacted by Section 6063 of the Deficit Reduction Act of 2005, to assist States in their efforts to reduce their reliance on institutional care, while developing community-based long-term care opportunities, enabling the elderly and people with disabilities to fully participate in their communities. Established in fiscal year 2007 and just recently extended through 2016 under Section 2403 of the Affordable Care Act (ACA), MFP States have received a total of \$811 million in grant funding to date with States proposing to transition over 34,000 individuals out of institutional settings into community settings.

Purpose

With the history and strength of the Real Choice Systems Change Grants and the *New Community Living Initiative*, Congress has appropriated **\$1.98 million** for fiscal year 2011. The purpose of this solicitation is to assist States in developing sustainable partnerships with State Housing Agencies resulting in effective and long term strategies to provide permanent and affordable rental housing for people with disabilities receiving Medicaid services and supports in the community. CMS encourages States to engage high priority Medicaid populations such as: a) those participating in the Money Follows the Person (MFP) Demonstration, b) those who are homeless, c) those receiving "home and community based waiver services, or d) those receiving Medicaid State Plan services for the treatment and rehabilitation of behavioral health conditions. The housing created through this partnership must be affordable to extremely low income persons with disabilities or chronic conditions with incomes equivalent to Supplemental

Security Income (SSI) payments. These grants are a part of the President's *New Community Living Initiative* to eliminate barriers to equality and allow those with a disability or long-term illness to live and prosper in their communities.

The Real Choice System Change funding priorities are focused specifically on developing and sustaining state-level housing partnerships through three specific State Housing Agency strategies financed with federal housing funding. It should be noted that states may have one or more State-level Housing Agencies. Some states consolidate the administration of affordable housing programs within one "umbrella" State Housing Agency while others may have more than one State Housing Agencies such as:

- A State Housing Finance Agency administering the federal Low Income Housing Tax Credit Program (LIHTC). The State's criteria for awarding LIHTC to developers of affordable housing is determined by a federally approved Qualified Allocation Plan (QAP);
- A State Housing Finance Agency administering tax-exempt bond authority;
- A State Department of Housing and Community/Economic Development administering the federal HOME Investment partnership program. State awards of HOME funding are determined through policies contained in the State's U.S. Department of Housing and Urban Development (HUD) approved Consolidated Plan;
- A few State Housing Agencies also administer a state-wide HUD Housing Choice Voucher (HCV) program. A state-wide Housing Choice Voucher program is defined as one that permits the leasing of HCV administered by the State within in jurisdictions that have their own local PHA. Policies that govern the administration of State-administered Housing Choice Voucher programs are contained in the HUD approved State Public Housing Agency Plan (PHA Plan).

State Housing Agencies administer an array of federal housing programs that finance affordable rental housing opportunities, including the federal Low Income Housing Tax Credit program and the HOME Investment Partnership program. However, the high quality rental units created through these programs are not generally affordable to people with SSI-level incomes.

Several State Housing Agencies have developed creative and replicable approaches which use these federal programs to expand the availability of high quality rental housing for people transitioning from institutions to community living. New federal policies for HUD's Section 811 Supportive Housing for Persons with Disabilities program are also expected to encourage State Housing Agencies to develop new sustainable partnerships with State Health and Human Services/Medicaid agencies.

CMS invites proposals from State Medicaid Offices to develop long-term sustainable partnerships with State Housing Agencies to implement one or more of three specific housing strategies financed with housing funding that is made available to the State

Housing Agency by the federal government. States may propose activities specific to one, two, or all three housing strategies. A State Medicaid agency may work toward a more complex partnership with housing agencies by applying for more than one of the housing strategies, however CMS will only accept one application per State Medicaid agency. States selected for a grant award will receive a total of \$330,000.

Description Specific Housing Strategies

Strategy 1: Capitalizing on New Opportunities in HUD's Section 811 Supportive Housing for Persons with Disabilities Program

Purpose

The purpose of this strategy is to facilitate the creation of new partnerships between the State and State Housing Agencies to create new high quality and integrated supportive housing units for Medicaid-eligible persons with disabilities receiving community-based supportive services through the use of newly authorized Section 811 Project Rental Assistance (PRA) funds.

Background

HUD's Section 811 program allows persons with disabilities to live as independently as possible in the community by increasing the supply of affordable rental housing with the availability of supportive services. Recent Section 811 legislation authorizes a new and innovative Section 811 option which will allow State Housing Agencies in partnership with State Medicaid agencies to apply to HUD to administer Section 811 PRA funds. PRA funds must be used by the State Housing Agency to create new integrated supportive housing units in high quality affordable rental housing developments financed through the federal Low Income Housing Tax Credit program and/or other sources of capital financing. The housing will be highly integrated because no more than 25 percent of the units in any property with PRA units can be set-aside for people with disabilities. Section 811 PRA tenants will pay 30 percent of their income towards housing costs with Section 811 PRA funding covering the remaining cost of subsidizing the unit.

The first HUD competitive Notice Of Funding Availability (NOFA) for Section 811 PRA funding is expected in 2012. State Housing Agencies may have an opportunity to apply for funding to support the creation of as many as 100 or more new Section 811 PRA units. To compete successfully, Section 811 law requires that State Housing Agencies must have a formal Section 811 PRA partnership agreement with the State Health and Human Services/Medicaid Agency. This agreement must specify:

- The target populations to be assisted with Section 811 PRA funds;
- Methods of outreach and referral for available Section 811 PRA units;
- Commitments of supportive services for Section 811 PRA tenants;

Principles of this Funding Strategy

CMS invites proposals from State Medicaid Offices to develop partnerships with State Housing Agencies. These partnerships will be essential to: (1) complete the PRA partnership agreement required by HUD; (2) modify the State Housing Agency Consolidated Plan, Qualified Allocation Plan (QAP) for the allocation of Low Income Housing Tax Credits in conjunction with Section 811 PRA funding, or other policy mechanism for allocating housing resources;; (3) ensure participation by consumers and families in any required Public Hearing (such as those required to revise State's Qualified Allocation Plans) and to educate State Housing Agency affordable housing developers; (4) develop a successful Section 811 PRA application to HUD in response to the NOFA; and (5) design and implement the necessary community infrastructure to ensure coordination of services and supports for consumers, including successful referrals to available Section 811 PRA units.

Allowable Uses of Funds and the Percentage of Funds Allowable for Direct Services

Grant funds may be used for all aspects of the development of the formal Section 811 PRA partnership agreement with the State Health and Human Services/Medicaid Agency, and for the creation, design, and implementation of the necessary infrastructure to ensure timely referrals of consumers in the target population to available Section 811 PRA units and coordination of consumer services and supports. A maximum of ten percent (10%) of grant funds may be used for direct services that support the involvement of stakeholders, participants with disabilities and family members in grant activities (e.g., transportation, translation, personal care assistance, and respite to allow family care givers to participate in the activities) including participation in a Public Hearing to modify the State Housing Agency's Qualified Allocation Plan, Consolidated Plan, and/or other planning document for awarding housing funding.

Required Activities

All applicants must: (a) describe how the State will partner or will strengthen its existing relationship with the State Housing Agency; (b) describe the proposed process and timeline for completion of the formal Section 811 PRA partnership agreement between the State Housing Agency and the State Health and Human Services/Medicaid Agency; (c) describe the process for completing a competitive Section 811 PRA application once a HUD NOFA is published; and (d) describe a proposed process and timeline for the Section 811 PRA infrastructure development in consultation with the State Housing Agency.

Required Outcomes or Products

The required products of this funding strategy include (1) a successful partnership of the State with the State Housing Agency that leads to the submission of a competitive State Housing Agency application to HUD for Section 811 PRA funding in 2012 in response to a HUD NOFA; and (2) identification of the necessary infrastructure for Section 811 outreach, referrals, and coordination of services and supports for consumers. The applicant must also provide a description of the measurable outcomes and any other products of this State Housing Agency strategy.

Strategy #2: The Development of a State Housing Agency HOME-funded Tenant-Based Rental Assistance Program for People with Disabilities with SSI-level incomes receiving Medicaid services and supports in the community

Purpose

The purpose of the State Housing Agency HOME-funded Tenant Based Rental Assistance program (HOME TBRA) is to ensure that extremely low income people with disabilities with SSI-level incomes can effectively benefit from the State Housing Agency federally financed HOME program through the creation of a new 2 year renewable HOME TBRA program. The HOME TBRA program can be designed as: (1) permanent State Housing Agency program; or (2) a "Bridge Subsidy" program that also requires the development of new State partnerships with local Public Housing Agencies (PHAs).

Background

HUD's HOME program provides annual formula funding to State Housing Agencies. These funds are generally used to support homeownership or rental housing strategies that assist higher income households with incomes between 30-60 percent of median income. The HOME statute and regulations provide that HOME funds can also be used to create a TBRA program. HOME TBRA assistance is virtually identical to assistance provided through HUD's Housing Choice Voucher program with tenant rents generally set at 30 percent of tenant income. State Housing Agencies have historically been reluctant to create TBRA programs because, for the rental subsidy to be permanently available, it must be renewed by the State Housing Agency after the initial 2 year commitment. For this reason, only 3 percent of HOME funds nationally have been used for TBRA programs.

However, several State Housing Agencies have successfully created HOME TBRA programs that are referred to as "Bridge Subsidy" programs. "Bridge subsidies" are a temporary rental subsidy that can be used until the consumer is able to obtain a permanent rental subsidy, typically a PHA Housing Choice Voucher. Successful State Housing Agency HOME TBRA Bridge Subsidy programs seek to establish partnerships with local PHAs willing to create a preference on their Housing Choice Voucher Waiting List.

Principles of this Funding Strategy

CMS invites proposals from State Medicaid Offices to develop partnerships with State Housing Agencies to create a HOME TBRA program. The program can be designed as a permanent program or as a Bridge Subsidy program that will also require the State to create successful partnerships with local PHAs. The State Housing Agency partnerships will be essential to: (1) design the HOME TBRA program; (2) modify the State Housing Agency Consolidated Plan to include a specific strategy for the HOME TBRA program; (3) ensure participation by consumers and families in the required Consolidated Plan Public Hearing; (4) successfully implement the HOME TBRA program in partnership with the State Housing Agency; and (5) establish successful partnerships with local PHAs if the HOME TBRA program is designed as a Bridge Subsidy program.

States may also consider submitting a proposal to use other State sources of funding such as the General Fund.

Allowable Uses of Funds and the Percentage of Funds Allowable for Direct Services

Grant funds may be used for all aspects of the development and implementation of a HOME TBRA program in partnership with the State Housing Agency, and, if applicable, local PHAs agreeing to develop a preference in their Housing Choice Voucher program for HOME TBRA participants. Grant funds may also be used for the creation, design, and implementation of the necessary infrastructure to ensure timely referrals to available HOME TBRA resources and for coordination of consumer services and supports. A maximum of ten percent (10%) of grant funds may be used for direct services that support the involvement of stakeholders, participants with disabilities and family members in grant activities (e.g., transportation, translation, personal care assistance, and respite to allow family care givers to participate in the activities) including participation in the Public Hearing to modify the State Housing Agency Qualified Allocation Plan.

Required Activities

All applicants must: (a) describe how the State will partner or will strengthen its existing relationship with the State Housing Agency to develop and implement a successful HOME TBRA program; (b) describe the proposed process and timeline for completion of the design and implementation of the HOME TBRA program, including any required Consolidated Plan public hearings; (c) describe the process for successfully engaging local PHAs willing to create a preference in their Housing Choice Voucher program for HOME TBRA participants if the State Housing Agency HOME TBRA program is designed as a Bridge Subsidy rather than a permanent subsidy.

Required Outcomes or Products

The required products of this funding strategy include: (1) a successful partnership with the State Housing Agency that leads to the creation of a HOME TBRA program; and (2) if applicable, successful partnerships with one or more local PHAs that agree to participate in a HOME TBRA Bridge Subsidy program funded by the State Housing Agency.

Strategy #3: The development of a partnership with a State Housing Agency that is also a State Public Housing Agency (State PHA) that administers a state-wide HUD Housing Choice Voucher (HCV) program that includes the creation of a new Housing Choice Voucher Waiting List preference for people with disabilities with SSI-level incomes receiving Medicaid services and supports in the community

Purpose

The purpose of this strategy is to improve access to Housing Choice Vouchers by people with disabilities with SSI-level incomes receiving Medicaid services and supports in the community by creating new partnerships with State Housing Agencies that are also State PHAs that administer state-wide Housing Choice Voucher programs. A state-wide Housing Choice Voucher program is defined as one that permits the leasing of HCV administered by the State in every community in the state.

Background

HUD-funded Housing Choice Vouchers are a highly desirable housing resource because Housing Choice Vouchers permit people to obtain decent and safe and affordable permanent rental housing of their choice in the community while paying 30 percent of their income for housing costs. Many State Housing Agencies are also State PHAs and administer the Housing Choice Voucher program. However, most State PHAs only administer a "balance of state" Housing Choice Voucher program -- meaning that the State's Housing Choice Vouchers can only be used in communities that do not have a local PHA with a Housing Choice Voucher program. These communities tend to be in the more rural areas of states.

However, a few States administer their Housing Choice Voucher program through a state-wide approach, which means that people who receive a State PHA Housing Choice Voucher can use it to obtain housing in any community in the State. As a result, partnerships with these State PHAs to create a Waiting List preference (in accordance with HUD policy) for people with disabilities with SSI-level incomes receiving Medicaid services and supports in the community are highly desirable.

Principles of this Funding Strategy

CMS invites proposals from State Medicaid Offices to develop partnerships with State Housing Agencies that are also State PHAs administering a state-wide Housing Choice Voucher program. The goal of the partnership is the creation of a Housing Choice

Voucher Waiting List preference for people with disabilities with SSI-level incomes receiving Medicaid services and supports in the community within the State PHA Plan. The State PHA Plan is a required HUD Plan that must be approved by the State PHA Board and also requires a PHA Plan public hearing.

Allowable Uses of Funds and the Percentage of Funds Allowable for Direct Services

Grant funds may be used for all aspects of the development and implementation of the State PHA Housing Choice Voucher Waiting List preference for people with disabilities with SSI-level incomes receiving Medicaid services and supports in the community within the State PHA Plan. Grant funds may also be used for the creation, design, and implementation of the necessary infrastructure to ensure timely referrals to Housing Choice Voucher resources made available through this preference and for coordination of consumer services and supports. These activities include those related to the PHA Plan public hearing. A maximum of ten percent (10%) of grant funds may be used for direct services that support the involvement of stakeholders, participants with disabilities and family members in grant activities (e.g., transportation, translation, personal care assistance, and respite to allow family care givers to participate in the activities) including participation in the PHA Plan Public Hearing.

Required Activities

All applicants must: (a) describe how the State will partner or will strengthen its existing relationship with a State PHA that administers a state-wide Housing Choice Voucher program to develop and implement a Housing Choice Voucher Waiting List preference for people with disabilities receiving Medicaid services and supports; and (b) describe the proposed process and timeline for completion of the design and implementation of the Waiting List preference including any required PHA Plan public hearings.

Required Outcomes or Products

The required product of this funding strategy is a successful partnership with a State PHA that administers a state-wide Housing Choice Voucher program that leads to the creation of a Housing Choice Voucher Waiting List preference for people with disabilities receiving Medicaid services and supports.

II. AWARD INFORMATION

1. Amount of Funding

This solicitation announces the availability of Real Choice Systems Change funding of approximately \$1.98 million in for FY 2011. CMS anticipates making 6 grants to States

with individual awards to be \$330,000 for the overall project. The grant period-of-performance will be September 30, 2011 through September 29, 2012.

2. Type of Applications

This solicitation is open for new applications for a period of 12 months beginning September 30, 2011 with no anticipated future funding.

3. Type of Grants

Funding under this solicitation will be awarded as demonstration grants.

III. ELIGIBILITY INFORMATION

1. Eligible Applicants

Any single State Medicaid Agency may apply. CMS expects that the Single State Medicaid Agency will partner with local governments, other agencies and service providers who contribute to successful community-living in the State. However, since the Single State Medicaid Agency is responsible for contributing the State under the demonstration, they must be the lead applicant for the project.

Applicants are strongly encouraged to include, in an appendix, letters of support from major partners, including consumers and advocacy groups. These letters and memorandums of agreement give substantive support to the applicant's systems readiness. CMS will disregard any letter received outside of the submitted application.

2. Cost Sharing or Matching

Grantees are required to make a non-financial contribution of five percent (5 %) of the total grant award (including all direct and indirect costs). Non-financial contributions may include the value of goods and/or services contributed by the Grantee (e.g., salary and fringe benefits of staff devoting a percentage of their time to the grant not otherwise included in the budget or derived from Federal funds). The non-financial contribution requirement may also be satisfied if a third party participating in the grant makes an "in-kind contribution," provided that the Grantee's contribution and/or the third-party in-kind contribution equals five percent (5 percent) of the total grant award (including all direct and indirect costs). Third-party in-kind contributions may include the value of the time spent by consumer task force members (using appropriate cost allocation methods to the extent that non-Federal funds are involved) who specifically contribute to the design, development and implementation of the grant. Non-financial contributions must be included in the applicant's budget in Item 18 (Estimated Funding) on Standard Form 424, in section C of the Standard Form 424A (non-federal resources), and described in the budget narrative.

3. Eligibility - Threshold Criteria

Only applications received by the specified deadline will be reviewed and scored. However, an application will not be funded if the application fails to meet any of the requirements as outlined in Section III., Eligibility Information, and Section IV., Application Submission Information. CMS will only accept one application per State Medicaid agency, but the application may respond to more than one of the specific housing strategies described in the solicitation. Applications over the page limits will only be reviewed up to the allotted page limits. The limit for Project Narratives is 20 double-spaced pages; the limit for supporting materials is 20 pages; the limit for Budget Narratives is 3 double-spaced pages.

Applicants are strongly encouraged to use the review criteria information provided in Section V., Application Review Information, to help ensure that all of the criteria that will be used in evaluating the proposals are adequately addressed.

4. Foreign and International Organizations

Foreign and international organizations are not eligible to apply.

5. Faith-based Organizations

Faith-based organizations are not eligible to apply.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

Applicants must submit their applications electronically through <http://www.grants.gov>. A complete electronic application package, including all required forms for this demonstration grant, is available at <http://www.grants.gov>. For assistance with [Grants.gov](http://www.grants.gov), contact support@grants.gov or 1-800-518-4726. The solicitation can also be viewed on the CMS website at http://www.cms.gov/CommunityServices/30_RCSC.asp#TopOfPage.

Grants.gov complies with Section 508 of the Rehabilitation Act of 1973. If an individual requires assistive technology and is unable to access any material on the site including forms contained with an application package, email the Grants.gov contact center at support@grants.gov or call 1-800-518-4726.

Applications cannot be accepted through any email address. Full applications can only be accepted through <http://www.grants.gov>. Full applications cannot be received via paper mail, courier, or delivery service, unless a waiver is granted per the following instructions:

The applicant must seek a waiver at least ten days prior to the application deadline, if the applicant wishes to submit a paper application. Applicants that receive a waiver to submit paper applications must follow the rules and timelines noted in the announcement. In order to be considered for a waiver, an applicant must: adhere to the timelines for both the Central Contractor Registry (CCR) and Grants.gov registration, as well as request timely assistance with technical problems.

Please be aware of the following:

- Search for the application package in Grants.gov by entering the CFDA number 93.779.
- Paper applications are not the preferred method for submitting applications. However, if you experience technical challenges while submitting your application electronically, please contact Grants.gov Support directly at: www.grants.gov/customersupport or 800-518-4726. Customer Support is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- Upon contacting Grants.gov, obtain a tracking number as proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver from the agency must be obtained.
- If it is determined that a waiver is needed, you must submit a request in writing (emails are acceptable) to Mary.Greene@cms.hhs.gov with a clear justification for the need to deviate from our standard electronic submission process.
- If the waiver is approved, the application should be received by the CMS Office of Acquisition and Grants Management by the application due date.

2. Content and Form of Application Submission

A. Notice of Intent to Apply

Applicants are encouraged to submit a non-binding Notice of Intent to Apply. A Notice of Intent to Apply is not required and the submission or failure to submit a notice has no bearing on the scoring of proposals received. The receipt of notices enables CMS to better plan the application review process and process awards timely. All Notices of Intent to Apply are due August 1, 2011 and should be emailed to Nicole Nicholson at Nicole.Nicholson@cms.hhs.gov and should contain the following information:

- Subject Line of Email

- “Notice of Intent to Apply” and CMS Funding Opportunity Number
- Body of Email
 - State Name
 - Applicant Agency/Organization
 - Contact Name and Title
 - Address and phone number
 - Email Address
 - Selected Housing Strategy or Strategies
 - Anticipated amount of proposal

B. Form of Application Submission

Each application must include all contents described below, in the order indicated, and in conformance with the following specifications:

- Use 8.5” x 11” letter-size pages (one side only) with 1” margins (top, bottom, and sides).
- All pages of the project narrative must be paginated in a single sequence.
- Font size must be no smaller than 12-point with an average character density no greater than 14 characters per inch.
- The narrative portions of the application must be DOUBLE-SPACED.
- The project abstract is restricted to a one-page summary which may be single-spaced.
- Project narratives must not be more than 20 pages in length (double-spaced) and should include not more than 20 pages of supporting material (e.g., documentation related to financial projections, profiles of participating communities and/or practices, letters of endorsement from partners). Budget narratives must not be more than 3 pages (double-spaced).

CMS will only accept one application per State Medicaid agency, but the application may respond to more than one of the specific housing strategies described in the solicitation.

C. Required Contents

A complete application consists of the following materials organized in the following sequence:

- i. Standard Forms (SF) (not included in page limits)

The following standard forms must be completed with an original signature and enclosed as part of the proposal:

- SF 424: Official Application for Federal Assistance
- SF 424A: Budget Information (sections A and D are not to be completed)

- SF 424B: Assurances - Non-Construction Programs
- SF LLL: Disclosure of Lobbying Activities
- Additional Assurances Certifications

ii. Cover Letter (not included in page limits)

A letter from the State Medicaid Director identifying the Medicaid agency applicant as the lead organization, indicating the title of the project, the principal contact person, amount of funding requested, and the name of the agency that will administer the grant under the Medicaid office and all major partners, departments, divisions, services, and organizations actively collaborating in the project is required. This letter can be included as a PDF in the application and uploaded into Grants.gov. The letter should be addressed to:

Mary Greene, Grants Management Officer
Centers for Medicare & Medicaid Services
Office of Acquisition and Grants Management
Mail Stop B3-30-03
7500 Security Boulevard
Baltimore, MD 21244-1850

iii. Project Abstract (maximum of one page – not included in page limits)

The one-page single spaced abstract should serve as a succinct description of the proposed project and should include the goals of the project, the total budget, the number of projected participants, and a description of how the grant will be used.

iv. Required Letters of Endorsement (included in 20 pages of supporting materials)

Letters of endorsement from major partners that are not the lead agency, but will be integrally involved in developing and implementing the demonstration grant to the target population(s) are required (i.e. HFA or PHA). Please submit all letters in support and memoranda/letters of agreement for your application in an application appendix with a table of contents for all included documents.

v. Project Narrative

The double spaced project narrative of the application must not exceed the page limits (20 pages) for the grant opportunity as detailed in the “Format of Application” section of this solicitation. The project narrative should provide a concise and complete description of the proposed project. The project narrative should contain the information necessary for the review panelists to fully understand the proposed project, be responsive to the criteria of the grant opportunity, include key details, address the

applicant's current infrastructure related to the proposed project, describe the planned use of grant funds, propose work products and timeline, and discuss project staffing.

Applicants should tailor the information provided in the Project Narrative to the "Principles of the Funding Strategy" and "Required Outcomes or Products" detailed in the "Specific Housing Strategies" section of this solicitation and organize the Project Narrative using the following headings:

- **Identification of Problems or System Issues**
- **Project Description and Methodology**
- **Partnerships**
- **Significance and Sustainability**
- **Budget Narrative**

Applicants are also strongly encouraged to utilize the review criteria information, provided for the grant opportunity in the "Application Review Information" Section V, of this solicitation, to ensure that they adequately address the criteria that will be used in evaluating the proposals.

vi. Budget Narrative

For the budget recorded on form SF 424A, section B, a budget narrative must be included and provide detail for each budget line item. The budget narrative is limited to 3 double-spaced pages. The budget narrative must include the total estimated funding requirements for each of the following line items, and a breakdown for each line item:

- Personnel
- Fringe Benefits
- Contractual costs, including subcontract costs
- Equipment
- Supplies
- Travel
- Indirect charges
- Other costs

State personnel and personnel contract costs must include detailed salary and fringe benefit costs broken out for review.

Staffing Plan: The applicant must provide a preliminary staffing plan. The following key components must be addressed:

- **Organizational Structure:** Provide an organizational chart that describes the State Medicaid Agency that is responsible for the management of this grant. Describe

the relationship between the State Medicaid Agency and other agencies, and service systems that will provide services under the grant program.

- Narrative Staffing Plan:
 - The number, title, and, if known, the names of staff that will be dedicated to the grant program. Percentage of time each individual/position is dedicated to the grant.
 - Brief description of roles/responsibilities of each position.
 - Any positions providing IN-KIND support to the grant.
 - Percentage of time each position will provide to the grant.
 - Brief description of role/responsibilities of each position.
 - Number of contracted individuals supporting the grant.
 - A resume of the proposed Project Director.

3. Submission Dates and Times

A. Grant Applications

All grant applications are due by August 15, 2011. Applications submitted through <http://www.grants.gov> until 5 p.m. Eastern Time on August 15, 2011, will be considered “on time.” A confirmation screen will appear once the submission is complete. A Grants.gov tracking number will be provided at the bottom of this screen, as well as the official date and time of the submission. The tracking number is necessary to refer to should the grantee need to contact Grants.gov support.

B. Late Applications

Late applications will not be reviewed.

C. Estimated Award Date

The estimated award date is September 30, 2011.

4. Intergovernmental Review

Applications for these grants are not subject to review by States under Executive Order 12372, “Intergovernmental Review of Federal Programs” (45 CFR 100).

5. Funding Restrictions

Indirect Costs - The provisions of OMB Circular A-87 govern reimbursement of indirect costs under this solicitation. A copy of OMB Circular A-87 is available online at: <http://www.whitehouse.gov/omb/circulars/a087/a087.html>

If indirect costs are included in the budget, a copy of the most recent approved Indirect Cost Rate Agreement must be submitted with the application. The agreement may be uploaded in Grants.gov as an attachment. Failure to include the approved Indirect Cost Rate Agreement will result in ten percent of indirect costs of salary/wages only.

Reimbursement of Pre-Award Costs - No grant funds awarded under this solicitation may be used to reimburse pre-award costs.

6. Other Submission Requirements

Electronic Applications - The deadline for all applications to be submitted through <http://www.grants.gov> is August 15, 2011. For information regarding the registration process, please visit http://www07.grants.gov/applicants/get_registered.jsp. We strongly recommend that you do **not** wait until the application deadline date to begin the application process through grants.gov. We encourage applicants to submit well before the closing date, so that if difficulties are encountered, an applicant will have time to solicit help.

The registration process for an organization can take from 3 to 5 business days or as long as 2 weeks if all steps are not completed in a timely manner. Please register early! Applications not submitted “on time” due to applicant’s failure to complete the entire Grants.gov registration process in a timely manner will not be accepted.

Central Contractor Registration (CCR) and Data Universal Numbering System (DUNS)

Effective October 1, 2010, the U.S. Department of Health and Human Services (HHS) requires all entities that plan to apply for and ultimately receive Federal grant funds from CMS or receive subawards directly from recipients of those grant funds to:

- Be registered in the CCR prior to submitting an application or plan;
- Maintain an active CCR registration with current information at all times during which the recipient has an active award or an application or plan under consideration by CMS; and
- Provide the DUNS number in each application the recipient submits to CMS.

Grants.gov Registration in Brief:

STEP 1: Obtain DUNS Number

The Data Universal Number System (DUNS) number is a unique identifier for your organization required by the federal government to track how federal grant money is distributed. DUNS numbers are issued by Dun & Bradstreet. If your organization does not already have a DUNS number, you can apply for one free of charge by visiting <http://fedgov.dnb.com/webform>.

Time Required: If requested over the phone, a DUNS number is provided within five to ten minutes. Web form requests take one business day.

This number should be entered in the *Applicant Information* section with the applicant's name and address on the cover page of the application (Item 8c on the Form SF-424, Application for Federal Assistance). The name and address in the application should be exactly as given for the DUNS number.

STEP 2: Register with CCR

Central Contractor Registration (CCR) is the primary registrant database for the federal government. Any organization applying for federal grants on Grants.gov is required to register. Check with your Grant Administrator or Chief Financial Officer to see if your organization is already registered.

If your organization is already registered with CCR, you will have a designated Electronic Business Point of Contact (E-Biz POC) who can authorize themselves or individuals as an Authorized Organization Representative (AOR). Only an AOR is authorized to submit federal grant applications for an organization. Your organization will receive a special password called a Marketing Partner Identification Number (MPIN), which will verify all individuals authorized to submit applications for your organization.

To see if your organization is already registered, go to <https://www.bpn.gov/CCRSearch/Search.aspx>. If not, you can register online at <http://www.ccr.gov>.

To register for Grants.gov and submit grant applications, you will need to have both your organization's DUNS number and its CCR registration information, including your MPIN.

Time Required: Allow three to five business days or up to two weeks to complete your CCR registration. If you are updating or renewing your registration information it will take approximately 24 hours to become active.

STEP 3: Username & Password

To ensure the electronic submission of your grant application is secure, you will need to complete your Authorized Organization Representative (AOR) profile on Grants.gov. and create your username and password. Use the following URL to complete an AOP profile and create a username and password: <https://apply07.grants.gov/apply/OrcRegister> .

- First enter your organization's DUNS number
- Next complete the profile form.

You will then be able to log in to Grants.gov; however you will need to be approved by the E-Biz POC before you are able to submit a grant application.

Time Required: completing a Grants.gov profile can be done within minutes, and you will be able to log into Grants.gov.

STEP 4: AOR Authorization

Upon completion of Step 3, your organization's designated E-Business Point of Contact (E-BIZ POC) will receive an email that you have completed the registration process. The E-Biz POC must authorize you as an AOR to complete the registration process. This step confirms you are verified to submit federal grant applications on your organization's behalf.

Your E-Biz POC must login to Grants.gov, and enter your organization's DUNS number and password. They must then authorize you as an AOR. Once this step is complete, you will be ready to submit grant applications for your organization. Please note that there can be more than one AOR for your organization. In some cases the E-BIZ POC is also the AOR for an organization.

Time Required: It will only take a few minutes for your E-Biz POC to complete the last step.

STEP 5: Track AOR Status

At any time, you can track your AOR status on the AOR status page at <http://www.grants.gov/track>.

Submit Your Application Early! CMS strongly encourages applicants to submit well before the closing date and time so that if your application is rejected due to errors, an applicant will have time to correct the errors and/or to solicit help from grants.gov. Please note: Validation or rejection of your application by grants.gov may take up to 2 business days after submission. Please consider in developing your submission timeline.

For issues including, but not limited to, downloading the application, retrieving your password, or error messages, please contact grants.gov directly at 1-800-518-4726 or support@grants.gov. Hours of Operation: 24 hours a day, 7 days a week, closed on Federal Holidays. Please have the following information available when contacting grants.gov to help expedite your inquiry:

- Funding Opportunity Number (FON)
- Name of Agency to Which You Are Applying
- Specific Area of Concern

Please do not contact CMS regarding Grants.gov related issues.

You can visit the following website:

http://www07.grants.gov/applicants/app_help_reso.jsp for additional resources.

V. APPLICATION REVIEW INFORMATION

1. Review Criteria

This section fully describes the evaluation criteria for each housing strategy under this grant funding opportunity. The application must be organized as detailed in Section IV, Application and Submission, of this solicitation. All proposals will be evaluated on the strength of their (a) identification of problems or systems issues, (b) project description and methodology, (c) significance and sustainability, (d) partnerships, and (e) budget narrative (adherence to the five percent non-financial cost sharing requirements of this solicitation are considered in the budget narrative section).

In preparing proposals, applicants are strongly encouraged to review the “Principles of the Funding Strategy” and “Required Outcomes or Products” detailed in the “Specific Housing Strategies” section of this solicitation.

The following criteria will be used to evaluate applications. Applications will be scored with a total of 100 points available.

I. Identification of Problems or System Issues: Maximum Possible Score = 10

Does the applicant evidence a clear understanding of the limitations of the systems involved in the proposal? Is the applicant realistic about systemic barriers and does the proposal adequately address the barriers?

The application lists and describes major initiatives currently funded within the applicant’s State and clearly explains how the proposed activities will not duplicate activities currently funded by this CMS funding opportunity.

II. Project Description and Methodology: Maximum Possible Score = 40

Does the proposal clearly identify which housing strategy (s) the State plans to pursue? Does the work plan clearly describe how the State will address the “required activities” associated with each housing strategy it plans to undertake? Does the proposal plan to serve high priority Medicaid recipients like those participating in the Money Follows the Person Demonstration, those who are homeless, those receiving HCB waiver services, or those receiving Medicaid State Plan services for the treatment and rehabilitation of behavioral health conditions? Is the methodology sound? Are the work plans and timelines reasonable given the staffing and budget? Are appropriate linkages identified and is coordination attainable? Is the management appropriate? Will the proposal likely result in the “required outcomes or products” associated with the housing strategy or strategies?

III. Significance and Sustainability: Maximum Possible Score = 20

If implemented as proposed, will the grant activities incorporate valid mechanisms to ensure the continuity of the long-term supports and affordable and accessible housing? Does the application demonstrate a reasonable plan to implement enduring and effective service delivery systems and develop relationships with housing partners that will support the targeted population to exercise meaningful choice and control over where they reside and access to affordable housing and long-term supports that are delivered in a manner consistent with the individual's preferences? Does the application show evidence that the State will take steps to ensure that the changes in its quality management system will endure after the grant period?

IV. Partnerships: Maximum Possible Score = 20

Does the proposal consist of a plan or design that details the methods the State will use to meaningfully involve the HFA or PHA to create a new or expand upon an existing partnership with a Housing agency? Does the proposal consist of a plan or design that details the methods the State will use to meaningfully involve persons with disabilities and their representatives in all stages of the problem analysis, planning, implementation, and monitoring evaluation activities? Applicants must include direct consumer and appropriate stakeholder involvement as described under the appropriate housing strategy in the solicitation. Did the State describe how the HFA or PHA will share information with the CMS and HUD Regional Offices for distribution to other States?

V. Budget Narrative: Maximum Possible Score = 10

Does the application include a detailed budget with reasonable costs in relation to the proposed objectives and design for the work presented? Has adequate funding been allotted to personnel, contractual obligations, and other items? Does the budget detail the 5 percent in-kind contribution (cash or non-cash contributions) of all direct and indirect costs as required by the applicant?

2. Review and Selection Process

An independent review of all applications will be conducted by a panel of experts. The review panel will assess each application to determine the merits of the proposal and the extent to which the proposed grant program furthers the purposes of the grant program. CMS reserves the right to request that States revise or otherwise modify certain sections of their proposals based on the recommendations of the panel and the budget. Final approval of grant programs will be made by the CMS Administrator after consideration of the comments and recommendations of the review panelists, program office recommendations, and the availability of funds. CMS reserves the right to approve or deny any or all proposals for funding.

3. Anticipated Announcement and Award Date

Awards are planned to be announced and awarded by September 30, 2011.

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

Successful applicants will receive a Notice of Award (NoA) signed and dated by the CMS Grants Management Officer that will set forth the amount of the award and other pertinent information. The NoA is the legal document issued to notify the grantee that an award has been made and that funds may be requested from the HHS Payment Management System. The award will also include standard Terms and Conditions, and may include additional State specific terms and conditions to address particular circumstances of the effort to be supported and/or deficiencies identified in the application by the review panel.

The grant award will be sent through the U.S. Postal Service to the applicant organization as listed on its SF 424. Any communication between CMS and applicants prior to issuance of the NoA is not an authorization to begin performance of a project.

Unsuccessful applicants will be notified by a letter signed by a CMS Program Official, sent through the U.S. Postal Service to the applicant organization as listed on its SF 424, after October 1, 2011.

2. Administrative and National Policy Requirements

- A. The following standard requirements apply to applications and awards under this solicitation:
- 45 CFR 92, and OMB Circulars A-102, A-87 and A-133
 - Title VI of the Civil Rights Act of 1964
 - Section 504 of the Rehabilitation Act of 1973
 - The Age Discrimination Act of 1975,
 - Hill-Burton Community Service nondiscrimination provisions, and
 - Title II Subtitle A of the Americans with Disabilities Act of 1990
 - All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the grantee's original application or agreed upon subsequently with CMS, and may not be used for any prohibited uses.
 - Consumers and other stakeholders must have meaningful input into planning, implementation and evaluation of the project. All grant budgets must include some funding to facilitate participation on the part of individuals who have a disability or long-term illness and their families.
- B. Prohibited Uses of Grant Funds:

Grant funds may not be used for any of the following:

- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To supplant existing State, local, or private funding of infrastructure or services such as staff salaries for programs and purposes other than those disclosed in this solicitation
- To be used for expenses that will not primarily benefit individuals of any age who have a disability or long-term illness.

3. Terms and Conditions

This solicitation continues to be subject to the U.S Department of Health and Human Services Grants Policy Statement (HHS GPS) at <http://www.hhs.gov/grantsnet/adminis/gpd/> and may also include additional specific grant “special” terms and conditions. Potential applicants should be aware that special requirements could apply to grant awards based on the particular circumstances of the effort to be supported and/or deficiencies identified in the application by the HHS review panel. The general terms and conditions in the Grants Policy Statement will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

4. Reporting

Grantees must agree to cooperate with reporting requirements of the program and provide semi-annual (every 6 months) and final (at the end of the grant period) reports in a form prescribed by CMS (including the SF-425 “Federal Financial Report” FFR forms). Reports will be submitted electronically. These reports will outline how grant funds were used, describe program progress, and describe any barriers and measurable outcomes. CMS will provide the format for program reporting and technical assistance necessary to complete required report forms.

VII. AGENCY CONTACTS

1. Programmatic Content

Programmatic questions regarding the technical aspects of this grant opportunity may be directed to Nicole Nicholson at Nicole.Nicholson@cms.hhs.gov.

2. Administrative Questions

Grant and solicitation administrative questions regarding the business management and other non-programmatic aspects of this grant opportunity may be directed to Mary Greene at Mary.Greene@cms.hhs.gov .

VIII. OTHER INFORMATION

Grants awarded under this solicitation are subject to the Transparency Act subaward and executive compensation reporting requirements of 2 CFR Part 170.